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## STUDENT PROFILE FORM

### Montana Adult Basic and Literacy Education

**Site Name:** \_\_\_\_\_ **Program Year:** \_\_\_\_\_  
**Satellite Site:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Name:** \_\_\_\_\_  
First Last MI Age (at enrollment)

**Street Address or PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **SSN Waiver:** ☐ Yes ☐ No

**Date of Birth:** \_\_\_\_\_ **Live in Rural Area:** ☐ Yes ☐ No

**Gender:** ☐ Female ☐ Male **Student E-mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Other \_\_\_\_\_

**Primary Instructor:** \_\_\_\_\_

#### **Ethnicity: Are you Hispanic/Latino? (choose only one)**

- ☐ No, not Hispanic/Latino  
☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**The above question is about ethnicity, not race. *No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.***

#### **What is your race? (choose one or more)**

- ☐ **Asian.** (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)  
☐ **Black or African American.** (A person having origins in any of the Black racial groups of Africa.)  
☐ **Native Hawaiian or Other Pacific Islander.** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)  
☐ **White.** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)  
☐ **American Indian or Alaska Native.** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)

**Affiliation:** ☐ Enrolled ☐ Not Enrolled

**Tribe:** ☐ Assiniboine ☐ Gros Ventre  
☐ Blackfeet ☐ CSKT  
☐ Chippewa/Cree ☐ Little Shell  
☐ Crow ☐ Northern Cheyenne  
☐ Other ☐ Sioux

**Last Grade Completed:** \_\_\_\_ **Last School Attended Name/City/State:** \_\_\_\_\_

Is the student a single parent with dependent(s) under the age of 18? ☐ Yes ☐ No

If yes, number of children under 18: \_\_\_\_\_

Disability: ☐ Yes ☐ No ☐ Not Sure

If the student has a disability, check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Blindness or vision impairment             | <input type="checkbox"/> Hearing loss or impairment                                 |
| <input type="checkbox"/> Learning disability                        | <input type="checkbox"/> Epilepsy   |
| <input type="checkbox"/> Physical impairment                        | <input type="checkbox"/> ADD/ADHD   |
| <input type="checkbox"/> Mental illness (depression, anxiety, mood) | <input type="checkbox"/> Traumatic brain injury                                     |
| <input type="checkbox"/> Disorder (personality disorder)            | <input type="checkbox"/> Psychosocial (behavior, coping or relationship difficulty) |
| <input type="checkbox"/> Other (please explain) _____               |   |

Employment Status: ☐ Employed ☐ Unemployed ☐ Not in the labor force

**Labor Force Status Definitions:**

**Employed**-Learners who work as paid employees, work at their own business or farm, or who work 15 hours or more per week as unpaid workers at a farm or business operated by a member of their family. Also included are learners who are not currently working but who have jobs or businesses from which they are temporarily absent.

**Unemployed**-Learners who are not working but are seeking employment, make specific efforts to find a job, and are available for work.

**Not in the Labor Force**-Learners who are not employed and are not seeking employment.

Once students have communicated their labor force status, their goals should be selected according to the following guidelines:

- Unemployed students should have the goal of gain employment if they are jobless, looking for a job, and available for work.
- Not in the labor force students not looking for work or available for work should have the goal of obtain a GED or enter postsecondary when applicable.
- Employed students should have the goal of retain employment.
- When applicable, students should have two-core follow-up goals.
  - Remind students that education gain is a core outcome, not a follow-up goal.

**Housing Status:**

- ☐ Confined to an Adult Correction Facility (not able to leave facility)
- ☐ Confined to a Youth Correction Facility (not able to leave facility)
- ☐ Living in a Community Correctional Facility (able to leave facility)
- ☐ Resident of a Mental Health Facility
- ☐ Resident of a Community Group Home
- ☐ Resident of a Subsidized Housing Program
- ☐ Living with friends/family
- ☐ Own, rent or are purchasing residence
- ☐ Homeless

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address or PO Box:: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**How did you hear about the ABE?**

- |  |   |
|--|---|
| <input type="checkbox"/> Employer                                  | <input type="checkbox"/> Former student                 |
| <input type="checkbox"/> Friend or family member                   | <input type="checkbox"/> High school or college student |
| <input type="checkbox"/> Newspaper or magazine ad                  | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Pamphlet or brochure                      | <input type="checkbox"/> Radio or TV advertisement      |
| <input type="checkbox"/> Referral by agency/program or institution | <input type="checkbox"/> Self referral                  |
| <input type="checkbox"/> Web site or internet                      |   |
| <input type="checkbox"/> Other Reference _____                     |   |

**Referral Agency Type**

- ☐ Educational Institution  
☐ Governmental Agency/Program  
☐ Private Business  
☐ Corrections  
☐ Other

**Referral Agency Name** \_\_\_\_\_

Agency Contact \_\_\_\_\_

Reason for Referral:

- ☐ Assessment only  
  
☐ Enrollment in ABE

**Program Classification: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> BIA public assistance | <input type="checkbox"/> SSDI or other disability                  |
| <input type="checkbox"/> Even Start            | <input type="checkbox"/> SSI only                                  |
| <input type="checkbox"/> Food stamps           | <input type="checkbox"/> TANF <input type="checkbox"/> Tribal TANF |
| <input type="checkbox"/> Foster child payment  | <input type="checkbox"/> Tribal new                                |
| <input type="checkbox"/> Fuel assistance       | <input type="checkbox"/> Unemployment benefits                     |
| <input type="checkbox"/> Homeless              | <input type="checkbox"/> Vocational rehabilitation                 |
| <input type="checkbox"/> Housing assistance    | <input type="checkbox"/> WIA                                       |
| <input type="checkbox"/> Medical assistance    | <input type="checkbox"/> WIC                                       |
| <input type="checkbox"/> Refugee assistance    | <input type="checkbox"/> Workers compensation                      |

**Choose one or two of the following educational advancements:**

- |  |  |
|--|--|
| <input type="checkbox"/> Enter employment*                           | <input type="checkbox"/> Improve English language skills                       |
| <input type="checkbox"/> Enter post secondary education or training* | <input type="checkbox"/> Involvement in children's education                   |
| <input type="checkbox"/> Receipt of GED*                             | <input type="checkbox"/> Involvement in children's literacy-related activities |
| <input type="checkbox"/> Retain employment*                          | <input type="checkbox"/> Meet work-based project learner goal                  |
| <input type="checkbox"/> Achieve citizenship skills                  | <input type="checkbox"/> Reduction in receipt of public assistance             |
| <input type="checkbox"/> General involvement in community activities | <input type="checkbox"/> Voting behavior                                       |
| <input type="checkbox"/> Improve math skills                         |  |
| <input type="checkbox"/> Improve reading skills                      |  |

**What other areas do you need help in? (Check all that apply)**

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Getting a driver's license | <input type="checkbox"/> Career planning | <input type="checkbox"/> Counseling       | <input type="checkbox"/> Parenting   |
| <input type="checkbox"/> Resume writing             | <input type="checkbox"/> Study skills    | <input type="checkbox"/> Job interviewing | <input type="checkbox"/> Self esteem |
| <input type="checkbox"/> Other _____                |  |   |                                      |

**Have you been enrolled in another ABE program in the past program year?**

- ☐ Yes ☐ No